

MP401112860

Attention: Adele Richtarik
MetLife

From: Sam Mathews
Agency Manager J15 - MONROEVILLE, PA

Ref#: 95 264 041 507
Presidential Complaint

Please be advised that Rep. 887-2 is no longer with the company. Rep. 815-2 received 10% of the commission because he was the rep. of record on the old policies. He was not present at the point of sale.

Rep. 815-2 had a file in hand that showed that the client had originally addressed her concerns on November 27, 1993 (copies of all correspondence attached). The Branch Manager here at the time spoke with her and responded in writing.

Please review all correspondence attached and advise.

Sincerely

Sam Mathews
Agency Manager

September 26, 1995

< 8 Pages >



CONFIDENTIAL

Ref: Presidential Complaint
N 95 26404/S07

9-25-95

J-15-887-2 & 810-2

I Kenneth F. Haczmarek SA Agency 815-2
was not on this case when it was
written or placed but I have found in my
files some information on this case the only
person I have been involved in this at
all was the case was mine originally and
I wanted to keep the case in my file for
info Commission. Please note Mr. Fantaski Div's
were used to place this case. And her husband
insurance was kept in force, how the case
originally started Mrs. Fantaski wanted to get
more insurance on her husband case was
submitted to H.O. on 9-23-89 App #3836664
Taken Down By H.O. Due to medical Review
So another app was submitted on Mrs Fantaski
and subsequently issued, she was fully aware
of what was going on per her letter NOV 27 1993
attached. Again the case was explained to her
on NOV 29-1993 By Branch Manager to see
attach copy of LTR.

Now the H.O. send her a booklet and she
starts to complain I don't understand your complaint
to me no booklet no complaint why should
this be a Presidential Complaint if the insured
knew what's going on

Sincerely, Yours
Kenneth F. Haczmarek
815-2

CONFIDENTIAL

November 27, 1993

Dear Sir:

Your insurance salesman tried to convert my husband's policy to a different plan when this wasn't approved he worked very hard to get us to borrow from my husband's insurance and use his interest over the years to insure myself.

He said we would not have to pay the premium to keep his insurance up to date & I would be insured for 50,000 for 5 years & to call then & have it changed to 25,000 I would have to pay interest each year on what we borrowed. I repaid the loan!

I got a Payment Due 12-24 each year & call and you tell me over the phone this is ~~not~~ additional investment. I'd like to save more money.

I want to know in writing the status of both policies:

903 245 2586L

626117 260 A I

Thank you

one

MetLife

METROPOLITAN LIFE INS. CO.
2790 MOSSIDE BLVD
MONROEVILLE PA 15146

Overseas?

Contact your MetLife
Representative:

22 412-873-3116

NOTICE OF PAYMENT DUE

DOROTHY E FANTASKI
1514 GRANT ST
NORTH BRADDOCK PA 15104

Amount Due
\$ 772.00

Date Due
DEC. 24, 1993

Policy Number
903245258 UL

Face Amt. of Insurance
\$ 50,000

Payment Mode
ANNUAL

Keep
this part
for
your
records.

Name of Insured
DOROTHY E FANTASKI

Sales Office/Agency
J15 / 815

Plan
FLEXIBLE PREMIUM LIFE

Amount Paid, Date Paid
\$

DETAILS:

PREMIUM 6772.00

AMOUNT DUE 6772.00

Please
refer to
other side
for
important
information.

PLEASE REFER TO THE SECTION ENTITLED 'FOR FLEXIBLE PREMIUM PLANS ONLY' ON THE BACK PAGE. THIS SECTION PERTAINS TO YOUR POLICY.

Thank you
for
insuring
with
MetLife.

HOW SECURE IS YOUR FAMILY'S FINANCIAL FUTURE? YOUR CURRENT METLIFE PLAN IS VALUABLE, BUT DOES IT MEET ALL OF YOUR NEEDS? FOR A FREE, NO-OBLIGATION INSURANCE REVIEW, CALL YOUR METLIFE REPRESENTATIVE AT THE PHONE NUMBER ABOVE TODAY.

Sales Office Agt.
J15/815

MetLife

A Detach here and return
this part with your payment.

Policy No. Premium Div. Code Loan Interest
903245258 UL 504 12 001 772.00

Name of Insured
DOROTHY E FANTASKI

Date Due
DEC. 24, 1993

DOROTHY E FANTASKI
1514 GRANT ST
NORTH BRADDOCK PA 15104

Amount Due
\$ 772.00

Loan Repayment
\$

Please make check or money order payable to MetLife
Mail to:

METROPOLITAN
P O BOX 1400
JOHNSTOWN PA 15915-1400

Unscheduled Payment
\$

Amount Enclosed
\$

Printed on both sides before use.

MP401112863

PENNSYLVANIA

MTFQ00000070677

PREPARED FOR DORTHY FANTASKI BY KEN KACZMAREK
 ANY FLEXIBLE-PREMIUM LIFE

INSURED: CLASSIFICATION AGE SEX
 STANDARD NONSMOKER 54 FEMALE

SPECIFIED FACE
 AMOUNT: \$50,000

DEATH BENEFIT OPTION A

MODE OF PREMIUMS:
 ANNUAL

METROPOLITAN TRANSFER AMT: 4,560

END OF POLICY YEAR	PLANNED PREM PAYABLE/ WITHDRAWAL (-) DURING YEAR	SPECIFIED FACE AMOUNT	ILLUSTRATIVE@ 8.25%		GUARANTEED 4.00%	
			SURRENDER VALUE&	DEATH BENEFIT	SURRENDER VALUE&	DEATH BENEFIT
1	4,561 #	50,000	3,673	50,000	3,531	50,000
2	0	50,000	3,808	50,000	3,310	50,000
3	0	50,000	3,991	50,000	3,107	50,000
4	0	50,000	4,172	50,000	2,869	50,000
5	0	50,000	4,347	50,000	2,596	50,000
TOTAL	4,561	Call to Insurance Renewal				
6	0	25,000	4,626	25,000	2,520	25,000
7	0	25,000	4,913	25,000	2,423	25,000
8	0	25,000	5,210	25,000	2,302	25,000
9	0	25,000	5,514	25,000	2,150	25,000
10	0	25,000	5,825	25,000	1,961	25,000
TOTAL	4,561					
AGE 65	0	25,000	6,142	25,000	1,730	25,000
12	0	25,000	6,460	25,000	1,449	25,000
13	0	25,000	6,782	25,000	1,116	25,000
14	0	25,000	7,109	25,000	725	25,000
15	0	25,000	7,491	25,000	321	25,000
TOTAL	4,561					
16	0	25,000	7,827	25,000	0	0
17	0	25,000	8,108	25,000	0	0
18	0	25,000	8,385	25,000	0	0
19	0	25,000	8,650	25,000	0	0
20	0	25,000	8,898	25,000	0	0
TOTAL	4,561					
21	0	25,000	9,118	25,000	0	0
22	0	25,000	9,301	25,000	0	0
23	0	25,000	9,437	25,000	0	0
24	0	25,000	9,511	25,000	0	0
25	0	25,000	9,508	25,000	0	0
TOTAL	4,561					
26	0	25,000	9,408	25,000	0	0
AGE 81~	0	25,000	9,182	25,000	0	0
28	0	25,000	8,794	25,000	0	0
29	0	25,000	8,197	25,000	0	0
30	0	25,000	7,334	25,000	0	0
TOTAL	4,561					
31	0	25,000	6,124	25,000	0	0
32	0	25,000	4,458	25,000	0	0
33	0	25,000	2,189	25,000	0	0
34	0	0	0	0	0	0
TOTAL	4,561					

ME401112864



2790 Monroeville Boulevard, Suite 100, Monroeville, PA 15146
Tel 412 873-7962
Fax 412 221-2290

Michael P. Bashur, CLU, ChFC
Branch Manager

Registered Representative
29 Years of Service
Member, N.A.A.U.
Management Leaders Conference
19 Times Qualified
National Management Award



Mr. and Mrs. Raymond R. Fantaski
1514 Grant St.
N. Braddock, PA 15104

Re: Policy No. 626 117 260 A1 and 903 245 258 UL

Dear Mr. and Mrs. Fantaski:

Per your request of 11-27-93 letter, the current statuses of the above policies are as follows:

<u>Policy No.</u>	<u>Issue Date</u>	<u>Amount Insured</u>	<u>Premium</u>	<u>How Paid</u>	<u>Value</u>
626117260 A1	1-26-62	5,000	Raymond	136.90/yr By Divs.	
903245258 UL	12-23-90	50,000	Dorothy	4561/Single (at issue) (No additional deposits planned)	4,304.55

*To be reduced to \$25,000 after 5th year

The annual statement received on policy no. 903 245 258 UL reflects the current year's interest earnings, insurance, costs, and accumulation fund values. Thus, you have a statement of values every year on this account. (copy attached).

On policy no. 626 117 260 A1, you can call this office once a year to get update as to values and death benefit. (Copy of this year attached).

Yours truly,

Michael P. Bashur, CLU, ChFC
Branch Manager

November 29, 1993

NFB/kar

MP401112867

POLICY NO 626117260 A1
 INSURED RAYMOND R FANTASKI
 OWNER INSURED
 ADDRESS 1514 GRANT ST
 N BRADDOCK PA 15104

QUICK QUOTE SUMMARY

(CASH)
 STATUS INFORCE
 INFORCE DIST/AGY J15-B15
 PLAN END 65

AI BALANCE	291.02	AS OF DATE	12-02-93	
ACCOUNT CODE	PREM PAYING	DIVIDEND	0.00	
AMOUNT OF INSURANCE	5000.00	CASH VALUE	3533.94	
ISSUE DATE	01-26-62	DWI BALANCE	0.00	
YR DIV CR	93	CASH VAL. AI	243.02	
ANN DIV (PREM)	209.20	CV PUAR	0.00	
SOCIAL SECURITY NO	202266887	EXIST LOAN	0.00	
PREMIUM PD TO DATE	01-26-94	LOAN INT DUE	0.00	INT RATE 05.000 %
AGE AT ISSUE	25	GOVT ALLT ADJ	+0.00	INT-FROM 00-00-00
ANNUAL PREMIUM	136.90	PREMIUM REF	0.00	INT-TO 00-00-00
NET GAIN AMT	2220.65	NET AMT AVL	3776.96	DEATH BENEFIT
	SAFE HARBOR			AS OF 11-29-93
				5291.02

SELECT SCRIN 1=POL 2=VAL 3=PAY 4=NOTE 7=LTR

N=NEXT R=RECON

CONFIDENTIAL

November 9, 1995

Ms Dorothy Fantaski
1514 Grant St
Braddock PA 15104-3057

Reference: 95264041507
Policies: 903 245 258 UL
670 824 386 MS
651 219 098 MS
640 902 730 MS
626 117 260 A1

Dear Ms. Fantaski

Please accept my apology for the delay in answering your correspondence addressed to the President of Metropolitan.

After looking into the matter you raised, we are offering you the opportunity to rescind Policy # 903 245 258 UL from issue. In exchange for the effective release of Metropolitan from further liability under Policy # 903 245 258 UL, we will recall \$4,560.23, representing all monies applied to this policy. Once this has been recalled, Policy # 903 245 258 UL will be canceled. This money can be totally refunded to you, or used to restore the dividends for Policy 626 117 260 A1 (\$3,060.23) and refund the balance of \$1,500.

Please sign the enclosed Release Form and return it along with your policy to my attention. A postage-paid return envelope is enclosed for your convenience in responding. When the policy and signed Release Form are received, we will process the adjustments. In your response, please state if you would like the refund for \$4,560.23 or if we should restore dividends and refund \$1,500.

POLICY NUMBER	PREMIUM	MODE OF PAYMENT	PAID TO DATE
626117260A1	\$136.90	Annually	1-26-96
640902730MS	\$2.44	Monthly	Fully paid up
651219098MS	\$2.51	Monthly	Fully paid up
670824386MS	\$2.51	Monthly	Fully paid up

We are sorry for any difficulty caused and hope this settlement resolves the matter to your satisfaction.

Sincerely

Adele M. Richtarik
Consumer Relations

Encl: Release Form - Warwick

RELEASE

REFERENCE #: 95264041507
POLICY #: 903 245 258 UL
NAME OF INSURED: Dorothy E. Fantaski
AMOUNT PAID: \$ 4,560.23

IN CONSIDERATION OF THE PAYMENT OF THE AMOUNT
STATED ABOVE, I, THE UNDERSIGNED, FOREVER RELEASE
METROPOLITAN LIFE FROM ANY OBLIGATION WHATSOEVER
UNDER SAID POLICY AND RELEASE SAID COMPANY AND ITS
REPRESENTATIVES FROM ANY OTHER CLAIMS OR ACTIONS
ARISING OUT OF THE SOLICITATION AND SALE OF SAID
POLICY.

DATED AT _____ ON THIS _____ DAY OF _____ 19____

OWNER

WITNESS

OFFICE OF CONSUMER RELATIONS
WARWICK CUSTOMER SERVICE CENTER

_____ POLICY ENCLOSED _____ POLICY LOST

MP401112870

P.O. BOX 1400
JOHNSTOWN, PA 15915



MP4011112871

Re: Policy Number 89 [REDACTED] UL

ANNUAL
Scheduled Premium: \$300.00
Loan Interest Due: \$0.00
Total Payment to
Retain Coverage: \$250.00

District/Branch: J15
Telephone: 412-373-3116
Sales Agency: 815
Insured: [REDACTED] R

Plan: FLEXIBLE PREMIUM LIFE

Dear [REDACTED]

When you bought the above life insurance policy from Metropolitan, you made an important financial decision. You chose a plan that provides valuable insurance protection at low cost, offers a highly competitive rate of return on its cash accumulation and allows maximum flexibility in the scheduling and amount of premium payments.

Unfortunately, the cash value of your policy at the present time is insufficient to cover the current monthly deduction. Unless the "total payment to retain coverage" amount shown above is received by 01/06/93, your valuable coverage under this policy will terminate on that date without any cash value. Any outstanding loan indebtedness will also be cancelled at that time.

The life insurance policy you've chosen meets a wide range of needs and should be a key part of your financial plan. That's why it's so important that you send your payment today to the address indicated in the upper left-hand corner of this letter to continue your protection and to build the cash value of your policy. In addition, to avoid possible future lapses, it is recommended that, you resume the "schedule premium" arrangement indicated above. If you have already sent us your payment, please disregard this letter.

At Metropolitan, we value your business and are always happy to be of service. If you have any questions about your policy or any aspect of your insurance coverage, please contact your Met Life Representative at the telephone number listed above.

Sincerely

REDACTED CONFIDENTIAL
POL INFO

REINSTATEMENT UNIT
FINANCIAL & ELECTRONIC SERVICES

CONFIDENTIAL

NOVEMBER 06, 1992

DAAA09.FRM (6/91)



METROPOLITAN INS. AND ANNUITY CO.
2790 MOSSIDE BLVD
MONROEVILLE PA 15146

Questions?

Contact your MetLife
Representative:

☎ 412-373-3116

NOTICE OF PAYMENT DUE



Amount Due
\$ 300.00

Date Due
APR. 6, 1992

Policy Number
89 [REDACTED] UL

Face Amt. of Insurance
\$ 50,000

Payment Mode
ANNUAL

Keep
this part
for
your
records.

Name of Insured



Sales Office/Agency
J15 / 815

Plan
FLEXIBLE PREMIUM LIFE

Amount Paid, Date Paid
\$

DETAILS:

PREMIUM \$300.00

AMOUNT DUE \$300.00

Please
refer to
other side
for
important
information.

PLEASE REFER TO THE SECTION ENTITLED 'FOR FLEXIBLE PREMIUM PLANS ONLY' ON THE BACK PAGE. THIS SECTION PERTAINS TO YOUR POLICY.

Thank you
for
insuring
with
MetLife.

HOW SECURE IS YOUR FAMILY'S FINANCIAL FUTURE? YOUR CURRENT METLIFE PLAN IS VALUABLE, BUT DOES IT MEET ALL OF YOUR NEEDS? FOR A FREE INSURANCE REVIEW, WITH ABSOLUTELY NO OBLIGATION, CONTACT YOUR METLIFE REPRESENTATIVE AT THE TELEPHONE NUMBER

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POL INFO

CONFIDENTIAL

MP401112872

MP401112873

NO POSTAGE
NECESSARY IF
MAILED IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST-CLASS MAIL—PERMIT NO. 6226—NEW YORK, NY

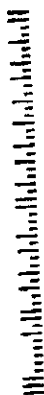
POSTAGE WILL BE PAID BY ADDRESSEE

CONSUMER RELATIONS

METLIFE

PO BOX 300

WARWICK RI 02887-9985



Please Include Full Policy Number
and Suffix On All Correspondence

REDACTED CONFIDENTIAL
POL INFO

CONFIDENTIAL

WARWICK CONSUMER RELATIONS FAX:(401)827-3900

DATE July 10, 1995
TO AGENCY MGR Samuel Mathews
AGENCY Monroeville, PA
FROM Warwick, RI
Consumer Relations
RE POLICY 89 [REDACTED] UL 79 [REDACTED] A [REDACTED]

ACCOUNT REP. Kenneth Kaczmarek
CASE REF. # 95188037912
(Please use this Reference # on any correspondence)

PLEASE LOOK INTO THE CIRCUMSTANCES SURROUNDING THE COMPLAINT BEING FAXED UNDER SEPARATE COVER. PLEASE PROVIDE THE REQUESTED INFORMATION AND FAX YOUR REPLY TO WARWICK CONSUMER RELATIONS AT THE ABOVE NUMBER BY July 17, 1995.

[x] Copies of any material in the file, including sales materials used, illustrations provided, and the policy delivery receipt and delivery log. Please indicate if there was ever a request to exercise the free look provision.

[x] A detailed statement from the account representative and anyone else involved in the canvass and the sale of the policy.

[x] In addition, please provide any additional pertinent information not specifically addressed.

[] Other

PLEASE BE SURE TO ADDRESS ANY SPECIFIC QUESTIONS OR ISSUES RAISED IN THE COMPLAINT, AND SUBMIT FACTS ONLY PERTAINING TO THE CASE. REMEMBER TO PROTECT OUR LIABILITY AND AVOID MAKING ANY RECOMMENDATIONS OR NEGATIVE COMMENTS. IF THE ACCOUNT REPRESENTATIVE IS NO LONGER ACTIVE, AN ATTEMPT SHOULD BE MADE TO OBTAIN A STATEMENT. IF YOU ARE UNABLE TO OBTAIN A STATEMENT, PLEASE STATE SO IN YOUR REPLY.

The information contained in the following pages is confidential and intended only for the individual named above. ANY OTHER USE, DISSEMINATION, OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED AND IS A TORTUOUS INTERFERENCE WITH OUR CONFIDENTIAL BUSINESS RELATIONSHIPS. If this document was sent to you in error, please notify us immediately at the number listed above and destroy this document.

CC REGION R82 Pittsburgh, PA

REDACTED CONFIDENTIAL
POL INFO

CONFIDENTIAL

July 10, 1995

[REDACTED]

Reference: 95188037912
Policy: 89 [REDACTED] UL
79 [REDACTED] A

Dear [REDACTED]

We are looking into the matter you raised and should be in contact with you shortly. Your inquiry has been assigned Reference # 95188037912. Please use this number in any communication with us concerning your inquiry.

Sincerely

Lynn Koziol
sp

REDACTED CONFIDENTIAL
POL INFO

CONFIDENTIAL

TRPAF
108037912

NOTICE RECORDS

POLICY NO 89 [REDACTED] SUFF UL 1 BR * SUR [REDACTED]

9

CHOLE DATE	ACTIVITY	INTERROGATOR/SUB-CODE	MICRO DATE	REF NO
✓ 04 22 94	CV TRANSFER	PENNA	04 22 94	22173
✓ 12 04 92	CV TRANSFER	PENNA	12 04 92	18942
✓ 03 23 92	CV TRANSFER	PENNA	03 23 92	04098
✓ 04 05 91	CV TRANSFER	PENNA	04 05 91	37437
✓ 04 05 90	UL & UM T23296	PENNA	04 05 90	19448
✓ 04 05 90	CHANGE OF MODE	PENNA	04 05 90	19448
✓ 04 02 90	CV TRANSFER	PENNA	04 02 90	00588
✓ 10 13 89	CV TRANSFER	PENNA	10 13 89	21017
✓ 04 13 89	CV TRANSFER	PENNA	04 13 89	12845
✓ 04 05 89	APPLICATION FILE	PENNA	04 05 89	51643

TRANS-CODE/SUB-CODE

MICRO DATE

MICRO NUMBER

BENEFICIARY DATA ON FILE

POLICY NOTES

RECORD NOT FOUND ON NBPMF - NO OTHER DATA AVAILABLE - HIT ENTER TO CONTINUE

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MetLife Customer Service Ctr.
Warwick, RI
JUL 11 1995
GAIL MOREAU
BRANCH DEPOSITS - POST ISSUE

MetLife Customer Service Ctr.
Warwick, RI
JUL 11 1995
PAULA GAROFANO
CONSUMER RELATIONS

12.
Non-Medical
Data

2239577 -5

For any Yes answers to items (a.) through (h.), give details below.
Has any person proposed for insurance:

- (a.) Ever had an application for Life or Health Insurance declined, postponed, rated, modified or required an extra premium? ☐ Yes ☒ No
- (b.) Any other application for Life or Health Insurance now pending or planned in this or any other company? ☐ Yes ☒ No
- (c.) Intentions in connection with the policy applied for to borrow against, surrender or discontinue existing insurance or annuities (including Group) in force with this or any other insurer? ☐ Yes ☒ No
- (d.) Had a driving license suspended or revoked in the last 3 years; or been convicted of 3 or more moving violations in the last 3 years; or ever been convicted of driving while impaired or intoxicated? ☐ Yes ☒ No
- (e.) Even outside the U.S. or Canada in the past 2 years, or intend to be in the next 12 months? ☐ Yes ☒ No
- (f.) Ever used heroin, cocaine, barbiturates or other drugs, except as prescribed by a physician or other licensed practitioner; or received treatment or advice from a physician or other practitioner regarding the use of alcohol, or the use of drugs except for medical purposes; or received treatment or advice from an organization which assists those who have an alcohol or drug problem? ☐ Yes ☒ No
- (g.) Flown as a pilot, student pilot, crew member or passenger (except on a scheduled airline) in the last 2 years or intend to do so in the next 12 months? If Yes, complete the Aviation Questionnaire. ☐ Yes ☒ No
- (h.) Engaged in, or plan to engage in Automotive, Motorcycle or Power Boat Sports; Bobsledding; Ballooning; Scuba or Sky Diving; Hang Gliding (including Slope Soaring, Paragliding, etc.); Mountain Climbing; Parachuting; Snowmobile Racing or any other hazardous sport or hobby? If Yes, complete the Aviation Questionnaire. ☐ Yes ☒ No

Details
Item NoDriver's
License
Data

In ALL cases, give name, driver's license number and state of issue for each person to be insured.

036 K-16

REDACTED CONFIDENTIAL
POL INFO

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CONFIDENTIAL

SUPPLEMENTARY INFORMATION

¹ For this figure, data of frequency of frequency treated in Paris.

2239577-13

Shed all companies including Group, U.S. Government, fraternal, etc.; for all persons to be insured

1.
Details of
Total Life
Insurance
in Force

3 9 0 4 (Company (policy) 6 5 1
Year of Issue
Amount
Plan 3X
Issue
[Redacted] 5000
[Redacted] 10000
[Redacted] 79

Total Assets: (page benefit in row) in each person - give names and amounts; and indicate whether business is personal.

2. Financial Information

☒ Statement of Proposed Insured(s) ☐ Sales Representative's estimate
 Annual earned income Income from Other Sources Periodic net worth—complete for
 Annual Annual Source insurance amounts of \$100,000 or more
 Proposed Insured 18,900
 Spouse or recipient for AVB
 Premium will be paid by ☒ Proposed Insured ☐ Other—Name
 Relationship to Proposed Insured Estimated annual income of premium payer

3. Business Addresses

Print Proposed Insured's present and previous Business addresses, City, addresses for last 3 years. If amount of insurance is \$100,000 or less, list 5 years; if \$100,001 to \$499,999, list 10 years; if \$500,000 or more, list more space is required, see Page 2.

Employer	Street and Number	City or Town	State and Zip Code	From	To
Proposed Insured <i>Self employed</i>					

4 Residence Addresses

Print Proposed Insured's present and previous Residence Addresses. Give addresses for last 3 years if amount of insurance is \$150,000 or less; for 5 years if \$150,001 to \$499,999; for 10 years if \$500,000 or more. Also give this information for others to be insured if different from Proposed Insured. If more space is required use Page 2.

Street and Number of R.R., state (optional) Apt. No. or Box	City or Town (if a county line distance from and name of trading town and nearest post office)	State and Zip Code	Proposed Insured	Spouse or Applicant for AWB
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

5. Previous Name

Give previous name for any change of name within last 5 years (applicant or any person in the household)

6. Telephone Numbers

Proposed Insured: [REDACTED] Late. Early
Spouse or Applicant: [REDACTED] PO.
for AVE: [REDACTED]

036K-16-SI

REDACTED CONFIDENTIAL
POL INFO

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SALES REPRESENTATIVE'S REPORT

2239577 -14

The following information will be used in the evaluation of the application.
 Note: When a new or Renewed Sales Representative is related to any person to be insured or is not authorized to write Nonmedical Branch District Management must (1) verify the answers to Part A and (2) complete and sign this report.

1. General Information

Is Medical Premium: 464.00 Annualized Premium (Actual Mode) 928.00 Production Credit 464.00
 Target Premium for Universal Life Policies
 In all cases where the annualized premium is more than \$1,000 and the annual premium option is not elected, form 1574B must be completed and submitted with the application. In such cases, check (a) box below.
☒ Form 1574B completed and attached to application.

(c) For split commission sales involving two representatives, provide the information requested below, indicating the percentage of commission applicable to each of more than two representatives are involved, complete form 2524B.

First Name	Signature	Br Dist	Agency/Office	Percent
1st Rep				50%
2nd Rep				50%

(d) Was a Renewed Sales Representative of this office in connection with this sale?
 Yes ☒ No ☐
 (e) Was a Renewed Sales Representative of this office in connection with this sale?
 Yes ☒ No ☐
 (f) Was a Renewed Sales Representative of this office in connection with this sale?
 Yes ☒ No ☐

2. If Medical Examination or Evaluation is Required

(a) Type: Paramedical
 (b) Place: Paramedical Facility
 (c) Appointment Date: None

3. Relationship to Proposed Insured(s)

(a) ☐ Relative by blood or marriage Relationship:
 (b) Known: ☒ Yes ☐ No ☐ Not known previously
 If Yes, give details of relationship: 2nd son

4. Replacement

(a) Is this a replacement? Yes ☒ No ☐ If Yes, have you completed replacement form? Yes ☐ No ☒ Not required ☐
 (b) Was any part of the full premium to be paid by cash value, or change of ownership on life insurance in force in this or any other company?
 Yes ☐ No ☒

5. Certification and Signatures

(a) Did you swear if those to be insured on the date the application was written?
 If No, indicate on page 2 who was not sworn and why. Give address, if other than that of principal Proposed Insured.
 (b) Each question was asked of the person to be insured and answered as recorded. Answers are correct to the best of my knowledge and belief.
 Date: 3-28-89 Signature and Title: [Signature]
 (c) To Be Completed by Sales Representative Where Required by State Law.
 I certify that my report was given to the applicant prior to the date this application was signed.
 Date: 3-28-89 Signature: [Signature]

To Be Completed by Branch Manager or District Sales Manager

1. Additional Policy

(a) Do you request issue of an additional policy? Yes ☐ No ☒ If Yes, complete (a) and (b) below.
 (b) Amount: Plan Optional Benefits
 Note: The total amount requested will govern the medical and/or carrier requirements which may differ from the requirements for the amount requested on Part A.
 (c) Model Premium: Annualized Premium: \$ Production Credit: \$
 *For U.L. products, Annual Mode Target Premium.

2. Review

Have you personally reviewed this application and the Persistency Policy, if required?
 Yes ☐ No ☒

3. Signature

Has the Sales Representative's Report been completed by Branch/District Management?
 Yes ☐ No ☒
 Date: 3-30-89 Signature and Title: Joseph White, B.H.

Printed Name, Address and State

Del. Office No. Name and State
 If Policy is to be sold thereAgency No.
 This PolicyPrinted Name of Sales Representative
 Print Title

036K-10-SRH

CONFIDENTIAL

Metropolitan Life Insurance Company
2700 Mendenhall Blvd., Monroeville, PA 15146
(412) 373-3111

Metropolitan Life
AND AFFILIATED COMPANIES

W/packet

COVER PAGE

July 13, 1995
(Date)

95 JUL 13 PM 5:36
RECEIVED
COMMUNICATIONS SECTION

TO: CONSUMER RELATIONS
FROM: SAM MATHEWS, AGENCY MANAGER
115 - MONROEVILLE, PA

NUMBER OF PAGES: 4

The information contained in the following pages is
CONFIDENTIAL and intended only for the individual
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OUR CONFIDENTIAL BUSINESS RELATIONSHIPS. If this
document was erroneously sent to you, please notify
us immediately at the number listed below and then
destroy this document.

CASE REF # 951 880 37912

FAX # (412) 373-2325

ATTACHED PLEASE FIND MY REP'S RESPONSE
TO THIS COMPLAINT

CONFIDENTIAL

MP401112861

95188037912

IN REGARDS TO [REDACTED] COMPLAINT
 ON [REDACTED] # 9900310 [REDACTED] UL AND #79 [REDACTED] A

IS JUST A LOT OF HAT DIN, HE NEVER
 HAD ANY PROBLEMS WITH EITHER POLICES OR
 ANY PROBLEMS WHEN HE WANTED TO MAKE
 LOANS ON HIS INSURANCE UNTIL AN
 ATTORNEY GOT INVOLVED IN BUILDING A CLASS
 ACTION SUIT HERE IN THE PITTSBURGH AREA.

THE ATTORNEY SAID TO HIM THAT
 HE WOULD NOT BE PART OF THE SUIT BUT
 THAT HE SHOULD TRY AND GET ALL OF
 HIS MONEY HE PUT INTO THE UL BECAUSE
 IT WAS NOT A GOOD TAKEY FOR HIM.

[REDACTED] CALLED ME IN THE FALL
 OF ONLY WINTER OF 93-94 AND I EXPLAINED
 TO THEM THAT ALL OF THE MONEY TAKEN OUT
 OF #79 [REDACTED] A DID NOT GO INTO
 #89 [REDACTED] UL (AUTO) IN 1983 MONIES
 WAS TAKEN OUT TO FUND A TRIP TO
 EVANGEL FOR THEIR SON TO COMPETE IN A
 RUNNING RACE THEN IN 1986 ADDITIONAL
 MONIES WAS TAKEN TO SUPPORT [REDACTED]

[REDACTED] AND THEN SAID BECAUSE THEIR HOME
 BELONGED DOWN IN THE HAMSTON AREA OF PA
 AND THERE WAS INSUFFICIENT INSURANCE ALSO AT
 THE SAME TIME THEIR SON WAS INVOLVED
 IN A SERIOUS CAR ACCIDENT THAT
 ALSO TOOK HIS LIFE, SO THIS ADDITIONAL

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(2)

LOAN WAS USED TO BRING # 79 [REDACTED] A
 UP TO DATE SO THAT ADDITIONAL MONIES COULD BE
 HAD TO PUT FOOD - PAY THE RENT ON A 1
 BEDROOM APARTMENT FOR [REDACTED] AND
 THE SON NOTHING WAS BEING PAID ON THE LOAN
 ON THE INTEREST. IN 1989 THINGS WERE STARTED
 TO IMPROVE WITH THE [REDACTED] AND IT WAS
 DISCUSSED AND AGREED THAT [REDACTED] NEEDED
 MORE LIFE INSURANCE, BUT THEY DIDN'T WANT
 TO PAY TO MUCH MORE FOR THE ADDITIONAL
 COVERAGE, SO IT WAS MUTUALLY AGREED TO USE
 SOME OF THE MONIES OUT OF # 79 [REDACTED] A TO
 PAY # 89 [REDACTED] UL FOR A PERIOD OF
 TIME DEPENDING ON THE CASH VALUE OF # 79 [REDACTED] A
 NOW BECAUSE THERE IS NOT ENOUGH MONIES TO
 CONTINUE FUNDING # 89 [REDACTED] UL THEY START
 TO COMPLAIN, THE ORIGINAL IDEA WAS TO KEEP
 # 79 [REDACTED] A TO AGE 65 ALONG WITH
 # 89 [REDACTED] UL THEN REDUCE # 89 [REDACTED] UL
 TO \$25,000 AND CASH SURVEYOR FOR WHATEVER
 VALUE WOULD BE IN # 79 [REDACTED] UL.

AS YOU ARE AWARE EACH TIME A
 PAYMENT CAME DUE ON # 89 [REDACTED] UL,
 [REDACTED] WOULD USE # 79 [REDACTED] A AND
 A RECEIPT WAS ISSUED SHOWING EITHER A LEAD
 OR DIVIS WAS USED TO PAY PRIME'S AND THE
 ORIGINAL WAS MARKED BACK TO HIM AS PER
HIS PHOTO COPY ATTACHED, ALSO EACH YEAR
 HE GOT A STATEMENT EXPLAINING WHAT

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(5)

THE VALUE OF # 89 [REDACTED] UL WAS
 AS OF APRIL 5 OF EACH YEAR, AND IF
 THE CONTRACT WAS NOT PAID, HIS CONTRACT
 WOULD END AT SOME POINT IN TIME, AND
 IF HE KEPT PAYING HIS CONTRACT WOULD
 CONTINUE TO SOME POINT IN TIME.

I DO NOT UNDERSTAND HIS STATEMENT
 HE (DID NOT HAVE TO Worry) THIS IS TRUE AS
 LONG AS THERE WAS SUFFICIENT MONIES TO CONTINUE
 TO PAY FOR # 89 [REDACTED] UL BUT THEY KNEW
 SOME DAY THEY WOULD HAVE TO START PAYING
 ON # 89 [REDACTED] UL THEN SELL. BECAUSE #
 79 [REDACTED] WAS GOING TO RUN OUT OF
 CASH VALUE.

Sincerely yours
 Kenneth J. Ziegler
 7-11-95

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MP40111285

-----NOTES-----
CHECK PAYABLE TO METROPOLITAN
LOAN FACTS NOT REQUESTED

PHO N. CENTRAL CLERK V24 ENTRY-DATE 04 10 89 REQ-DATE 05/12/90
ST VB SU AC VL PY
POLICYR 79 [REDACTED] SURNAME [REDACTED] DEPT M: H

ACCT-CODE PREN-PAYING POLICY-BILL-CODE NORMAL POLICY-STATUS INFORCE PREN-PD-TO-DT 03/17/89 PLAN PLAN-DESIGNATION NL 10000.00 ANT-OF-INS MF-ANT STATE-CODE 38 ISSUE-DATE 03/17/79 BILL-DATE 03/17/79 MF-OPTION C1 CV-AI-RATE-YR 74 AGE 39 ATTAINED-AGE

POLICY DATA-----
BI-RATE 9.0
FIR-LI-TERM-YR YES
DA-BH
ANT-1YT
AI-CURR-DIV 3265.95
TOT-DIV-APP-TO-AI 3327.30
TOT-DIV-APP-TO-DWI
ACC-INT-DWI
DIV-MON-USED AI
DIV-TRANS-ST 02/10/89
YR-DIV-CR 89
DIV-DPT 3 REQ-DIV-DPT
SEC-SEC-ND H
MODE

VALUATION DATA-----
AS-OF-DATE 04/13/89 DNI-ANT 3261.40
DNI-TAK-INT 3261.40
MODE H ANT-AVAILABLE 3261.40
PREN-PAYABLE 324.30
FG PREN
NO-OF-PRENS
S173
EXIST-LOAN
LOAN-INT-DUE
DISC-CV
ANNIV-DIV 3135.00

PAYEE DATA-----
INSURED [REDACTED]
PREN-PAYER [REDACTED]
OWNER INSURED
ASSIGNEE
REQUESTOR/ADDR [REDACTED]
PAYEE-1-2 NET INSURANCE AND ANNUITY COMPANY
3-4

MAILING-ADDRESS
CONNIE TROVATO APPLY 361.40
TO 850 [REDACTED] SIGNED 4/7/89
80 JIS KC

FILE-ADDRESS

ANT-ADVANCED
DNI-MIND-ANT:
FEDERAL
PREN-APPLIED

LOAN-INT-APLD
LOAN-PRIN-APLD
REQUESTED-ANT FULL 3261.40
CHECK-ANT
RENEWING-ANT

INF-DIST/ACT JIS/DIS
SUB-DIST/ACT 2500/899
DISP C FOREIGN
MESSAGE
SCHE

REMARKS

PAYMENT HISTORY-----
RA-ANT-PD NONE DATE 04/12/89 CHECK-NO 32025978 DIST/RND
CHS-ANT-PD 3261.40 DATE 04/12/89 CHECK-NO DIST/RND B
SUPP-DETAILS DATE CHECK-NO DIST/RND
REDRAWN-ANT NONE
CLERK-ID V24 V03 YNL-IND FEEDBACK-CODES 38
PAYEE-IND AUDIT-REG-DT 04/12/89

PHO N. CENTRAL CLERK V24 ENTRY-DATE 07 18 89 REQ-DATE 05/12/90
ST VB SU AC VL PY
POLICYR 79 [REDACTED] SURNAME [REDACTED] DEPT M: H

ACCT-CODE PREN-PAYING POLICY-BILL-CODE NORMAL POLICY-STATUS INFORCE PREN-PD-TO-DT 04/16/89 PLAN PLAN-DESIGNATION NL 10000.00 ANT-OF-INS MF-ANT STATE-CODE 38 ISSUE-DATE 04/16/79 BILL-DATE 04/16/79 MF-OPTION C1 CV-AI-RATE-YR 74 AGE 39 ATTAINED-AGE

POLICY DATA-----
BI-RATE 1.0
FIR-LI-TERM-YR YES
DA-BH
ANT-1YT
AI-CURR-DIV 347.60
TOT-DIV-APP-TO-AI 4128.04
TOT-DIV-APP-TO-DWI
ACC-INT-DWI
DIV-MON-USED AI
DIV-TRANS-ST 02/10/89
YR-DIV-CR 89
DIV-DPT 3 REQ-DIV-DPT
SEC-SEC-ND H
MODE

ENTRY RESTRICT - MAIL FOR REQUEST FORM
ZERO AMOUNT AVAILABLE
NON-ZERO BALANCE-RECHECK FIGURES
LOAN FACTS NOT REQUESTED

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VALUATION DATA-----
DNI-ANT

ANT-ADVANCED
DNI-MIND-ANT

NOTES:
 (1) PAYABLE TO METROPOLITAN
 (2) REQUESTED FOR FURTHER REASON
 REV. DATE NOT REQUESTED

EMPLOYEE INFORMATION
 NAME: [REDACTED] SSN: [REDACTED] DOB: [REDACTED]
 ADDRESS: [REDACTED]
 CITY: [REDACTED] STATE: [REDACTED] ZIP: [REDACTED]
 EMPLOYER: [REDACTED]
 EMPLOYEE ID: [REDACTED]
 EMPLOYEE STATUS: [REDACTED]
 EMPLOYEE TYPE: [REDACTED]
 EMPLOYEE CLASS: [REDACTED]
 EMPLOYEE GRADE: [REDACTED]
 EMPLOYEE PAY RATE: [REDACTED]
 EMPLOYEE PAY PERIOD: [REDACTED]
 EMPLOYEE PAY DATE: [REDACTED]
 EMPLOYEE PAY AMOUNT: [REDACTED]
 EMPLOYEE PAY TYPE: [REDACTED]
 EMPLOYEE PAY METHOD: [REDACTED]

VALUATION DATA
 PLAN ADD DATE: 10/10/89
 PLAN CY: 10/10/89
 AT BAL: \$1,000.00
 DIV BAL: \$1,000.00
 NO OF PERIODS: 12
 PERIOD END DATE: 11/12/89
 PLAN TAX INT: \$12.00
 PLAN AMT-INS: \$12.00
 PLAN USE: \$12.00

EXISTING LOAN: \$876.47
 EXISTING BAL: \$30.33
 EXISTING DATE: 10/10/89
 EXISTING PERIOD: 10/10/89
 EXISTING TYPE: 10/10/89
 EXISTING CLASS: 10/10/89
 EXISTING GRADE: 10/10/89
 EXISTING PAY RATE: 10/10/89
 EXISTING PAY PERIOD: 10/10/89
 EXISTING PAY DATE: 10/10/89
 EXISTING PAY AMOUNT: 10/10/89
 EXISTING PAY TYPE: 10/10/89
 EXISTING PAY METHOD: 10/10/89

PAYEE DATA
 INSURED: [REDACTED]
 EMPLOYEE: [REDACTED]
 ASSIGNED: [REDACTED]
 PAYEE TYPE: [REDACTED]
 PAYEE CLASS: [REDACTED]
 PAYEE GRADE: [REDACTED]
 PAYEE PAY RATE: [REDACTED]
 PAYEE PAY PERIOD: [REDACTED]
 PAYEE PAY DATE: [REDACTED]
 PAYEE PAY AMOUNT: [REDACTED]
 PAYEE PAY TYPE: [REDACTED]
 PAYEE PAY METHOD: [REDACTED]

MAILING ADDRESS
 464.00 10 89
 SEND CK TO LAURA MARSH, NBPC
 PO BOX 86, NO 10AD

FILE ADDRESS
 [REDACTED]

PAYMENT HISTORY
 MA-AMT-PD: NONE
 CMS-AMT-PD: \$464.00
 SUPP-DETAILS: NONE
 PEDPANN-AMT: NONE
 CLERK-ID: V37 V16
 VAL-IND: NONE
 PAYEE-IND: NONE
 CHECK-NO: 23926383
 DATE: 10/13/89
 CHECK-NO: 23926383
 DATE: 10/13/89
 FEEDBACK-CODES: 09
 AUDIT-REG-DT: 10/13/89
 DIST/RNO: 0
 DIST/RNO: 0
 DIST/RNO: 0

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 POL INFO

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MP401112886

October 30, 1995

[REDACTED]

Reference: 95188037912
Policy 89 [REDACTED] UL

Dear [REDACTED]

This supplements my July 7, 1995 letter. Please excuse the amount of time it has taken to complete our investigation.

After looking into the matter you raised, we are offering you the opportunity to rescind Policy 89 [REDACTED] UL. In exchange for the effective release of Metropolitan from further liability under Policy 89 [REDACTED] UL, we will recall \$2,930.78, representing all monies applied to this policy. Once the premiums have been recalled, Policy 89 [REDACTED] UL will be null and void.

Please sign the enclosed Release Form and return it along with Policy 89 [REDACTED] UL to my attention. A postage-paid return envelope is enclosed for your convenience. When the policy and signed Release Form are received, we will apply \$961.40 to Policy 79 [REDACTED] A to reverse the dividend withdrawals processed in April 1989, April 1991 and March 1993. We will then apply \$1,866.78 to reverse the loans processed in October 1989, March 1990, March 1992, November 1992, March 1994 and October 1994. Finally, we will issue you a refund check for the balance of \$102.60.

We regret any difficulties caused and trust this settlement resolves the matter to your satisfaction.

Sincerely

**REDACTED CONFIDENTIAL
POL INFO**

Sandra Babcock
Warwick Consumer Relations

CONFIDENTIAL

Encl: Release Form - Pennsylvania

RELEASE

Submission of this form to MetLife and the
refund of premiums paid on Policy 89 [REDACTED] UL
will constitute a release of MetLife and all its
current and former employees, agents, subsidiaries,
affiliates, officers and directors from any and
all claims, demands, and causes of actions which
the undersigned may have arising out of any
events, matters or transactions relating to the
purchase of the Policy 89 [REDACTED] UL.

Signature

Typed or Printed Name

Sworn to and subscribed before me this _____ day
of _____, 1995.

Notary Public

**REDACTED CONFIDENTIAL
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My Commission Expires:

MP4011112888

November 11, 1995

Linda Babcock,
Thanks for your help in
getting this matter resolved.
It was enjoyable speaking with
you.

Enclosed is the signed release
slip and as you promised
please send the Amount and
Cash Out slip. [REDACTED]
will send and sign it
as soon as it is received.
Thanks Again.

[REDACTED]

Also please let us know if
this policy is paid up after
20 some years! Again thanks.

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MP401112890

RELEASE

Submission of this form to MetLife and the refund of premiums paid on Policy 89 [REDACTED] UL will constitute a release of MetLife and all its current and former employees, agents, subsidiaries, affiliates, officers and directors from any and all claims, demands, and causes of actions which the undersigned may have arising out of any events, matters or transactions relating to the purchase of the Policy 89 [REDACTED] UL.

[REDACTED]
Signature

[REDACTED]
Typed or Printed Name

Sworn to and subscribed before me this 16 day
of Nov., 1995.

[REDACTED]
Notary Public

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My Commission Expires: [REDACTED]
[REDACTED]

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MP401112891

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST CLASS MAIL PERMIT NO. 8228 NEW YORK, NY

POSTAGE WILL BE PAID BY ADDRESSEE

CONSUMER RELATIONS
METLIFE
PO BOX 300
WARWICK RI 02887-9902

REDACTED CONFIDENTIAL
POL INFO

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FROM

89- [redacted] 11/12/06

Please include Full Policy Number
and Suffix on all Correspondence

RECEIVED

TO: ALICE SMITH

FROM: SANDRA BABCOCK

INSURED: [REDACTED]

POLICIES TO BE LIFTED: 89 [REDACTED]

MetLife Customer Service Office
Warwick, RI

NOV 20 1995

SANDRA BABCOCK
CONSUMER RELATIONS

Special Processing

☐ T - TAMPA
☐ C - COPY CAT
☐ N - NATIONWIDE
☒ NO SPECIAL PROCESS

☒ Release form received
☐ No release form required

AWD # 05 188 037 912

Commission to be deducted: (Y) N

FIRST YEAR PREMIUM

2ND YEAR RENEWAL

PUAR PORTION

DSI

MISC LOSS

COI

LOAN

LOAN INTEREST REFUND

DIV W/D

PUAR W/D

190A

Debit

Credit

2930.78

Policy to be restored

Policy #	Type - Reversal	Date		
79 [REDACTED] A	Loan	3/00		300.00
79 [REDACTED] A	Div	4/01		300.00
79 [REDACTED] A	Loan	3/02		300.00
79 [REDACTED] A	Loan	11/02		300.00
79 [REDACTED] A	Div	3/03		300.00 ✓
79 [REDACTED] A	Loan	3/04		300.00

Pay premiums

Policy #	# of Premiums	Amount		
79 [REDACTED] A	Loan	10/04		202.78
79 [REDACTED] A	Loan	10/09		464.00
79 [REDACTED] A	Div	4/09		361.40

Policy Disbursement

Totals:

2930.78

102.60

2930.78

Notes:

REDACTED CONFIDENTIAL POL
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**LIFT/PREMIUM REFUND
CHECK REQUISITION**

Issue Date **2-6-4**

Date **11-21-95**

Send Check To: ☒ PAYEE ☐ SALES OFF ☐ METLIFE

Mailing Instructions: ☒ Reg Mail ☐ Federal Express ☐ Other ☐ Supervisor Pick-up ☐ Correspondence/Envelope

PLEASE PRINT

Amount **102.60**

Payee Name **[REDACTED]** First **[REDACTED]** Last **[REDACTED]**
City **[REDACTED]** State **[REDACTED]** Zip Code **[REDACTED]**

35 Characters per line
M A I L I N G A D D R E S S

Sales Office # **315** Agency **815-2**

Insured **Same** First **[REDACTED]** Last **[REDACTED]**

Policy Number	Issue Date Month / Day / Year
20	4-6-89

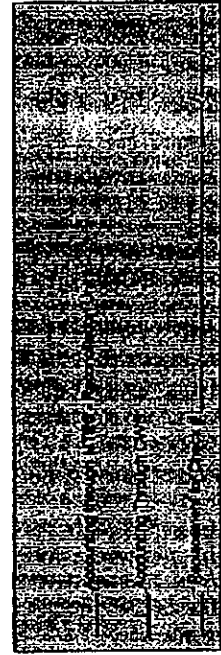
Type of Payment **pol lift**

Statement Description **[REDACTED]**
Completed By **Sandra Babcock**

Management Approval

Stanley DeMello

MetLife Customer Service Ctr.
Warwick, RI
NOV 29 1995
LORI WILDING
RECEIVED NOV 8 1995
RECEIVED NOV 1 1995



MP4011112894

MTES CASE COPY FOR 951128
 POL # 89-UL SURNAM: [REDACTED] CG #s: 82730/84130 ID: LORI WILDING MODULE : CHECK WRITING
 A/N: N ISS YR: 89 PROD TYPE: 7 DIST: J15 REASON: 000 LOSS: 00 BLK: 806 CK#: 000534756 CK DATE: 112895 190-A DATE: 000000 PLAN: 731325

EXPLANATION: CK BEING ISSUED FOR BALANCE DUE ON PREM.
 REFUND DUE TO POLICY LIFT PROCESSED.

INS. [REDACTED]
 SEQ DEPT ACCT DESCRIPTION DEBIT CREDIT SECONDARY POLICY
 017 030 70501 CASH - GENERAL \$ \$ 102.80
 602 020 93018 POLICY DISBURSEMENTS \$ \$ 102.80

USE CODE: 284

PA 15145-1131

SAME DAY

APPROVED BY: BRENDA RANDALL

CHECK SENT TO PAYEE

STATEMENT DESCRIPTION: THIS CHECK REPRESENTS THE PREMIUM REFUND OF THE POLICY.

PAYMENT DESCRIPTION: PREMIUM REFUND

INS. [REDACTED]

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MP4011112895

POL # : 79 -A SURNAME : CC #s: 62730/84130 ID: LORI WILDING MODULE : LOAN PLAN: 1000
 A/N: N ISS YR: 79 PROD TYPE: 1 DIST: J15 REASON: 101 LOSS: 00 BLK: CX#: 0000000000 CK DATE: 00000000 190-A DATE: 00000000

EXPLANATION: REVERSING LOANS FROM 10/89 TO 10/94, RESTOR-
 ING POLICY DUE TO LIFT PROCESSED ON POL#89 [REDACTED] UL AS PER CONSUMER RELAT-
 IONS-S.BABCOCK. INS. [REDACTED]

SEQ	DEPT	ACCT	DESCRIPTION	DEBIT	CREDIT	SECONDARY POLICY
009	020	02609	INTEREST ON LOANS	\$ 595.22	\$ 2482.00	UL
008	020	72100	TEMPORARY LOANS	\$.00	\$.00	
019	020	89101	SUSPENSE LIABILITY DEPT	\$ 1866.78	\$.00	

LOAN FEEDBACK TMC 619 WAS PRODUCED

REDACTED CONFIDENTIAL POL
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MP4011112896

MTES CASE COPY FOR 851221

POL #: 89-UL SURNAME: CC #s: 62730/84130 ID: LORI WILDING MODULE : ACCTING ONLY PLAN: 731325
 A/N: N ISS YR: 89 PROD TYPE: 1 DIST: J15 REASON: 101 LOSS: 00 BLK: CK#: 000000000 CK DATE: 000000 190-A DATE: 000000

EXPLANATION: ACCOUNTING TO CLEAR OPEN ITEMS CREATED DUE TO
 POLICY LIFT PROCESSED.

INS:

SEQ	DEPT	ACCT	DESCRIPTION	DEBIT	CREDIT	SECONDARY POLICY
019	020	89101	SUSPENSE LIABILITY DEPT	\$ 2828.18	\$ 2828.18	
802	020	93018	POLICY DISBURSEMENTS			

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MTES CASE COPY FOR 951213

POL #: 79 ██████-A SURNAME: ██████ CC #: 62730/84130 ID: LORI WILDING MODULE : DIVIDEND
 A/N: N ISS YR: 79 PROD TYPE: 1 DIST: J15 REASON: 101 LOSS: 00 BLK: CK#: 0000000000 CK DATE: 000000 180-A DATE: 000000 PLAN: 1000

EXPLANATION: RECREDITING DIVIDEND WITHDRAWALS PROCESSED ON 4/89-4/91-3/93 DUE TO POLICY LIFT PROCESSED ON POL/89-
 RELATIONS-S. BABCOCK INS. ██████ UL AS PER CONS.

SEQ	DEPT	ACCT	DESCRIPTION	DEBIT	CREDIT	SECONDARY POLICY
003	020	46004	NOTICE AI	\$.00	\$ 961.40	UL
019	020	89101	SUSPENSE LIABILITY DEPT	\$ 961.40	\$.00	
DIVIDEND FEEDBACK TT 23 INT 5# WAS PRODUCED						
TT						
	CURR. DIV.	CURR. AI/AA	1YT EX DIV	AI/AA	CURR. 1YT	CV AI/AA
23				\$ 2131.49	\$	961.40

TAX CORRECTION	
No Action Needed	
WCLD/TX Deleted	
1035 Exchange	
TCDB Correction	
MTRS Correction	
REGS/COST BASIS	
Reversed	
Modified	

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MP4011112897

[illegible]

+ THIS MESSAGE IS UNCLASSIFIED
 DATE 01-27-2010 BY 60322 UCBAW/P/STW
 FOR FACTS NOT PRESENTED

[illegible]

EXTENSION	\$876.82
MINIMUM	\$30.00
<hr/>	
TOTAL DUES	\$906.82
CASH ON HAND	
IN THE OFFICE	
IN THE FIELD	
GROSS RECEIPTS	
DUE WITHIN 30 DAYS	
RECEIVED	
CASH ADVANCED	\$1092.54
CASH AVAILABLE	\$464.00
CASH REQUIRED	\$464.00
CASH ON HAND	\$464.00

INSURED [REDACTED] PAYEE DATA
PRIM PAYEE [REDACTED]
BUNKER INSURED
ASSIGNEE [REDACTED]
PRIM CLERK/ADDR [REDACTED]
PAYEE 1 2 MIL INSURANCE AND ANNUITY COMPANY
3 4
MAILING ADDRESS
1464.00 TO B9 [REDACTED] UL
SEND EK TO LAURA MARSH, NRPC
RD 115, RG, ND 58047

IN - DIS/ACG	015-815
SUP - DIS/ACG	2500-199
DISP C	1001168

K) NI

41 APR 1961

----- PAYMENT HISTORY -----			
MA-AMT-PD NONE	DATE	CHECK-NO	
(MS-AMT-PD \$464.00	DATE 10/13/89	CHECK-NO	23926183
SUPP-DETAILS			
REFRAHN-AMT NONE	DATE	CHECK-NO	
CLEVP-ID V37 V16	VAL-IND	FEEDBACK-CODES	09
	PAYEE-IND	AUDIT-REG-D1	10/13/89

DIS1/RHD
DIS1/RHD
DIS1/RHD

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MP401112898

MP401112899

DIVIDEND PAYMENT

-----NOTES-----
CHECK PAYABLE TO METROPOLITAN
LOAN FACTS NOT REQUESTED

RHO N. CENTRAL CLERK V24 ENTRY-DATE 04 10 89 REQ-DATE 05/12/90
ST VB SU AC VL PY
POLICY# 79 [REDACTED] A SURNAME [REDACTED] DEPT M H

POLICY DATA
ACCT-CODE PREM PAYING BI-RATE 0.0
PREM-BILL-CODE NORMAL FIP LT-TERM-YR
POLICY-STATUS INFORCE DA-DW YES
PREM-PD-TD-DT 03/17/89 ANT-1YT
PLAN 1000 AI-CURR-DIV \$285.95
PLAN-DESIGNATION HL M TGT-DIV-APP-TD-AI \$337.30
ANT-OF-INS \$10000.00 TGT-DIV-APP-TD-DWI
NF-ANT ACC-INT-DWI
STATE-CODE 38 DIV-NON-USED AI
ISSUE-DATE 03/17/79 DIV-TRANS-DT 02/10/89
BILL-DATE 03/17 YR-DIV-CA 89
NF-OPTION C3 DIV-DPT 3 REG-DIV-DPT
CV-AI-RATE-YR 74 SDC-SEC-MO
AGE 39 MODE M
ATTAINED-AGE

VALUATION DATA
AS-OF-DATE 04/13/89 DHI-ANT \$361.40
ANT-OF-AI \$709.04 CV-OF-AI \$361.40
DHI-TAX-INT N ANT-AVAILABLE \$361.40
MODE \$24.50
PREM-PAYABLE FC PREM
ND-OF-PREM 5173
EXIST-LOAN
LOAN-INT-DUE
DISC-CV \$135.00
ANNIV-DIV

ANT-ADVANCED
DHI-WIND-AMT
FEDERAL

PREM-APPLIED

LOAN-INT-APLD
LOAN-PRIN-APLD
REQUESTED-AMT FULL \$361.40
CHECK-AMT

REMAINING-AMT

INF-DIST/AGY J15/815
SUB-DIST/AGY 2500/999
DISP C FOREIGN
MESSAGE
REME

INSURED [REDACTED]
PREM-PAYER [REDACTED]
OWNER INSURED
ASSIGNEE [REDACTED]
REQUESTOR/ADDR [REDACTED]
PAYER-1-2 MET INSURANCE AND ANNUITY COMPANY
3-4
MAILING-ADDRESS
CONNIE TROYATO APPLY 361.40
TO \$9 [REDACTED] UL SIGNED 4/7/89
DD J15 KC

FILE-ADDRESS

REMARKS

PAYMENT HISTORY
NA-ANT-PD NONE DATE CHECK-NO
CHS-ANT-PD \$361.40 DATE 04/12/89 CHECK-NO 32025978 DIST/RHO
SUPP-DETAILS DIST/RHO B
REDRAWN-ANT NONE DATE CHECK-NO DIST/RHO
CLERK-BD V24 V05 VAL-INS FEEDBACK-CODES 38
PAYEE-INS AUDIT-REG-DT 04/12/89

RHO N. CENTRAL CLERK V24 ENTRY-DATE 07 12 89 REQ-DATE 05/12/90
ST VB SU AC VL PY
POLICY# 79 [REDACTED] MS SURNAME [REDACTED] DEPT M H

POLICY DATA
ACCT-CODE PREM PAYING BI-RATE 1.0
PREM-BILL-CODE NORMAL FIP LT-TERM-YR
POLICY-STATUS INFORCE DA-DW YES
PREM-PD-TD-DT 09/16/89 ANT-1YT
PLAN 1655 AI-CURR-DIV \$47.60
PLAN-DESIGNATION LIFE MS TGT-DIV-APP-TD-AI \$128.04
ANT-OF-INS \$10000.00 TGT-DIV-APP-TD-DWI
NF-ANT ACC-INT-DWI
STATE-CODE 38 DIV-NON-USED AI
ISSUE-DATE 01 30 81 DIV-TRANS-DT 02 10 89
BILL-DATE 01 30 YR-DIV-CA 89
NF-OPTION C3 DIV-DPT 1 REG-DIV-DPT
CV-AI-RATE-YR 74 SDC-SEC-MO
AGE 32 MODE M
ATTAINED-AGE

ENTRY RESTRICT - WAIT FOR REQUEST FORM
ZERO AMOUNT AVAILABLE
NON-ZERO BALANCE - RECHECK FIGURES
LOAN FACTS NOT REQUESTED

REDACTED CONFIDENTIAL
POL INFO

CONFIDENTIAL

ANT-ADVANCED
DHI-WIND-AMT

Request for Policy or Contract Data

Metropolitan Life
AND AFFILIATED COMPANIESMetropolitan Life Insurance Company
Metropolitan Insurance and Annuity Company
Metropolitan Tower Life Insurance Company
One Madison Avenue, New York, NY 10010-3690

45 188 037912

Policy/Contract Number(s)

District

Issued

Insured/Annuitant

New York Home Office

Area

Accounting and Auditing

Biochemical Laboratory

Corporate Records Management

☐ Ind. & ABO Application Section☐ Microfilm & Reference Section☐ Pers. Ins. Application Service Section☐ Records, Tracing & PH/EBP App. Service Section☐ Teletype Unit (Bronxville & Kingston Records & Service Center)

Dividend Loan & Surrender Div.

☐ Manager's Office☐ Adjustment Unit☐ Loan Unit☐ Reference Val. & Div. Quotes Unit☐ Dividend Unit☐ Account Business Correction Unit

Law

Special Accounts Division

☐ Manager's Office☐ Government Allotment/Fedematic Record Unit☐ Salary Allotment Record Unit☐ Government Allotment/Fedematic/Salary Allotment/Comes. Unit☐ Miscellaneous Accounts Unit☐ Check-O-Matic Unit☐ Tax Unit☐ LZA Unit☐ Reinsurance/FEGLI/SGLI

Area

Transaction Control Division

☐ Technical Unit☐ Control Unit☐ Transaction Processing Unit☐ Notice File Maintenance Unit☐ Account File Maintenance Unit☐ Data Entry Unit☐ Warrant Unit

P.I. Consulting and Claims Services

☐ Consulting Services☐ Claims Advisory

PLI Underwriting & Issue

☐ Underwriting Staff☐ Administrative Support Unit

Territory

Head/Administrative Office

☐ Accounting & Authenticating (FES/PPP)☐ Adjustment Unit☐ Administration (PLI)☐ Annuities☐ B & A☐ Cash Correspondence (PLI)☐ Cash Valuation (PLI)☐ Change (PLI)☐ Check-O-Matic☐ Client Services☐ Compensation☐ Consumer Relations☐ Correspondence Unit (FES/PPP)☐ Data Entry☐ Death/Disability Claims (PLI)☐ Dividends/Correspondence☐ Field Administration☐ Financial Controls☐ Human Resources☐ Income Settlement☐ Inquiry & Information☐ Issue/Services (PLI)☐ Life Placing (FES/PPP)☐ Loan Correspondence (PLI)☐ Loan Valuation (PLI)☐ Matured Endowment☐ Medical☐ Metromatic☐ Microfilm & PLI app Files☐ Non-Payment Correspondence (FES/PPP)☐ Notice/Account Records☐ Receipts/Disbursements (FES/PPP)☐ Reinstatements (PLI)☐ Replacement☐ Teleservices☐ UL Placing (FES)☐ Underwriting (PLI)

* Dividend Payments

* Marketing Complaint
Case - Please Rush

Note—The application is not charged to your Section; do not subcharge it when the case is returned.

Attention of

Mitch V.

Instructions

See all letter from ins +
my letter - Please w/D
\$ 920.57 from divs + fully
repay loan as of 1-16-96

Sent by

Section

Date

Hour

Attention of

Reply

Advise when complete -

MetLife Customer Service
Warwick, RI

FEB 17 1996

Sent by

SANDRA BABCOCK
CONSUMER RELATIONS

Section

Date

Hour

0789-SC (10-88) Printed in U.S.A.

18000022028 (1088)

REDACTED CONFIDENTIAL POL INFO CONFIDENTIAL

MP401112900

MP401112901

FROM: VALERIEN, MITCH
TO : SANDY BABCOCK
SUBJ: [REDACTED]

MSO#: 96-00533699
SENT: 02/26/96 09:54 PM PRIORITY: 2
FORWARDED BY: BABCOCK, SANDRA

RE: 79 [REDACTED] A

HI SANDY,

I HAVE COMPLETED THE DIVIDEND WITHDRAWAL TO PAY ON THE LOAN AS REQUESTED.

THANKS!
MITCH VALERIEN
DIVIDEND PAYMENTS
WCSC

REDACTED CONFIDENTIAL
POL INFO

CONFIDENTIAL

ENTER COMMAND==>

FROM: BABCOCK, SANDRA

MSG: 96-00456450

TO : P584

SENT: 02/19/96 9:34 AM PRIORITY: 2

SUBJ: 95188037912

-----MAIL SENT-----

TO: COMPENSATION SUPERVISOR

INFORCE BRANCH (J15)

AUTHORIZATION FOR WITHDRAWAL OF COMMISSION DUE TO POLICY LIFT.

POLICY NUMBER (89 [REDACTED] UL)

NAME ([REDACTED])

AGENT (1) BRANCH (J15) AGENCY (815) INDEX (2)

AGENT (2) BRANCH () AGENCY () INDEX ()

(X) DEDUCT FIRST YEAR COMMISSION

(X) DEDUCT RENEWAL COMMISSION

PLEASE SEND CONFIRMATION THAT THIS HAS BEEN PROCESSED.

THANK YOU

(SANDRA BABCOCK

) NAME

CONSUMER RELATIONS/METLIFE CUSTOMER SERVICE CENTER - WARWICK

REDACTED CONFIDENTIAL
POL INFO

CONFIDENTIAL

MP401112902

FROM: JAO-COMPENSATION/7 MSG#: 96-00475728
TO : PG85 SENT: 02/20/96 01:16 PM PRIORITY: 2
SUBJ: 95188037912

ATTENTION: CONSUMER RELATIONS (SANDRA BABCOCK)

RE: POLICY (89 [REDACTED] UL)
NAME ([REDACTED])

PLEASE BE ADVISED THAT WE HAVE COMPLETED THE NECESSARY ACTION ON THE ABOVE
POLICY FOR THE LIFT YOU PROCESSED...

(X) WE HAVE DEDUCTED COMMISSIONS FOR THE CREDIT DATE OF (02 / 19 / 96).

() SINCE THE AGENT(S) WAS TERMINATED OVER 57 WEEKS AGO, WE HAVE NOTIFIED
THE FIELD PAYROLL DIVISION TO MAKE THE DEDUCTIONS FROM THE DISTRICT
OFFICE ACCOUNTS.

THANKYOU

JAO-COMPENSATION (ROBERTA HARRIS) REPLY ID: U3M

REDACTED CONFIDENTIAL
POL INFO

CONFIDENTIAL

January 11, 1996

Reference: 95188037912
Policy 79 [REDACTED] A

Dear [REDACTED]

Thank you for signing and returning the Release Form enclosed with my letter of October 30th.

We have rescinded Policy 89 [REDACTED] UL, and applied \$2,828.78 to restore Policy 79 [REDACTED] A to its original value. The balance of \$102.60 has been sent to you in a refund check.

As requested by your wife, [REDACTED], the following is a breakdown of values for Policy 79 [REDACTED] A as of January 16, 1996:

Face Value	\$10,000.00	Cash Value	\$3,333.30
Balance of Add'l Ins+\$	2,745.59	Cash Value	+\$1,669.40
Less Loan & Interest-\$	920.57*	Less Loan & Int-\$	920.57*
Total Death Benefit	\$11,825.02	Net Cash Value	\$4,082.13

* Please note, there is still an outstanding loan balance on this policy which is the result of loans taken prior to 1989.

I have enclosed a form for cash surrender of the policy if that is what you decide to do.

REDACTED CONFIDENTIAL
POL INFO

CONFIDENTIAL

We appreciate the opportunity to be of service to you. If you have any questions, or if I can be of further assistance, please do not hesitate to contact me.

Sincerely

Sandra Babcock
Warwick Consumer Relations

CONFIDENTIAL

QUICK QUOTE SUMMARY (CASH)

POLICY NO 79 [REDACTED] A
 INSURED [REDACTED]
 OWNER INSURED
 ADDRESS [REDACTED]

STATUS INFORCE
 INFORCE DIST/AGY J15-815
 PLAN WL M
 AS OF DATE 01-16-96

AI BALANCE	2745.59	DIVIDEND	0.00
ACCOUNT CODE	PREM PAYING	CV BASE	3333.30
AMOUNT OF INSURANCE	10000.00	DWI BALANCE	0.00
ISSUE DATE	03-17-79	CV AI	1669.40
YR DIV CR	95	CV PUAR	0.00
ANN DIV (AI)	158.50	CV AIB/SIB	0.00
SOCIAL SECURITY NO	000000000	EXIST LOAN	876.82
PREMIUM PD TO DATE	02-17-96	LOAN INT DUE	43.75
AGE AT ISSUE	39	GOVT ALLT ADJ	+0.00
MONTHLY PREMIUM	24.50	PREMIUM REF	0.00
NET GAIN AMT	153.70	NET AMT AVL	4082.13
			AS OF 01-11-96
			11825.02

REDACTED CONFIDENTIAL
 POL INFO

CONFIDENTIAL

MP401112906

REDACTED CONFIDENTIAL POL INFO

CONFIDENTIAL

MP4011112907

3 1112 12499

93 807 11 11 2:42

93 807 11 11 2:42

November 1, 1993

Metropolitan Life
c/o Consumer Affairs
Home Office
One Madison Avenue
New York, New York 10010

To Whom It May Concern:

I have been a policyholder of yours since 10/26/64, when I took out a \$5,000, 20 payment life (Pol. No. 65-1112-1110).

I have always been pleased with the dividends the policy has paid. In 10/18, I had \$3,500 of additional paid up insurance (see copy of attached anniversary statement).

Then in 11/88, I was contacted by your sales representative, Ken Kuzmarik out of the office located at 2700 Monahan Blvd., Monroeville, PA. 15146. He recommended to me to use my values in my paid up policy numbered 65-1112-1110 to purchase an additional \$50,000 policy and that I would never have to make cash payments out of my pocket. He also told me that it would be worth more at retirement than my paid up policy. It sure sounded good to me.

Now, for my dilemma. It seems that there was \$1,200 of dividends withdrawn from my paid up policy 12/1/88, (see copy of dividend payment statement). I'm somewhat confused, the anniversary statement dated 10/26/88, shows paid up additional insurance of \$3,491.99, relating to \$333.90 on the next anniversary statement of 10/26/89.

Please, also review copies of the following:

1. Loan repayment information on my paid up policy dated 3/90, and 3/91. I was not told about a loan or having to make loan payments.
2. Confirmation notices that a loan of \$451.75 was taken from my policy in 11/89, and \$900, to pay on Policy No. 65-1112-1110.
3. A minimum payment requirement letter dated 7/89, on my policy stating unless a minimum payment was made, my policy would terminate. I was told I would not have to worry about my policy, the paid up policy's values would take care of it.
4. Copies of the flexible premium add-on dated 5/89, signed by representative showing premium was paid by dividends and also, notice dated 11/2/89, showing premium was paid by dividends and loan.

Metropolitan Life
Page 2
November 1, 1993

REDACTED CONFIDENTIAL POL INFO

CONFIDENTIAL

MP4011112908

943225 11-1
Metropolitan Life
Page 2
November 1, 1993

I do not have any papers showing that there has been any payments put into Policy No. 88- [REDACTED] beginning with 5/91, (see copy of notice of premium due 5/6/91). I recently received a statement on my two policies. I was shocked to discover my paid up policy now has a death benefit of only \$3,219 (less than the original face amount). The new policy now has a death benefit of only \$1,604. That would not have been enough to pay for my funeral and additional funeral expenses. I can only assume these payments have been coming out of the equity that has built up, but I understand that equity is now just a little more than \$2,000 in my new policy.

I feel I have been grossly misrepresented by your company. I'm sure I'm like most 1960s insurance consumers that have trust in the company and the people that represent them.

I don't work with insurance everyday. I don't know everything that there is to know and know what is the best thing to do in these situations. Again, you rely on the people that supposedly do know and have your best interest at heart.

Based on the information that I have given you, it looks as if what your sales representative told me: that the values in my paid up policy would carry my new policy was incorrect. Also, unless I start paying \$600 a year into the new policy, it will be gone in a few years. Plus, my paid up policy is just about worthless!

I would appreciate your consideration of reversing my new policy number 882 945 59471. (sourced back to the inception) and put all my values including my additional paid up insurance back into Policy No. 64- [REDACTED] 972. It should have a death benefit now of over \$10,000.

I expect to hear from you shortly.

Yours truly,

Enclosures: 11

METROPOLITAN LIFE AND ACCIDENT CO. 2718 WASHINGTON BLVD MINNEAPOLIS, MN 55404		CUSTOMER Contract No. 882 945 59471 Policy No. 64- [REDACTED] 972	
NOTICE OF PAYMENT DUE		Amount Due \$ 528.00	
Due Date NOV. 6, 1993		Policy No. 64- [REDACTED] 972	
Policyholder [REDACTED]		Face Value of Policy \$10,000	

REDACTED CONFIDENTIAL POL INFO

CONFIDENTIAL

MP4011112909

NOTICE OF PAYMENT DUE

Metropolitan Life Insurance Company
 2788 N. Meridian Blvd.
 Indianapolis, IN 46204

Question 1
 Contact Information
 112-373-3114

Amount Due
 \$ 430.00
 Due Date
 NOV. 4, 1993
 Policy Number
 44-1111111111
 Face Amount
 \$50,000
 Payment Mode
 ANNUAL

Amount Due
 \$ 430.00
 Due Date
 NOV. 4, 1993
 Policy Number
 44-1111111111
 Face Amount
 \$50,000
 Payment Mode
 ANNUAL

DETAILS:

PREMIUM \$430.00

AMOUNT DUE \$430.00

PLEASE REFER TO THE SECTION ENTITLED "FOR FLEXIBLE PREMIUM PLANS ONLY" ON THE BACK PAGE. THIS SECTION PERTAINS TO YOUR POLICY.

HOW SECURE IS YOUR FAMILY'S FINANCIAL FUTURE? YOUR CURRENT METLIFE POLICY IS VALIDATION INSURANCE. IF YOU ARE NOT SURE, CALL YOUR METLIFE REPRESENTATIVE AT THE PHONE NUMBER ABOVE TODAY.

MetLife

315/9315

315/9315

315/9315

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315/9315

Metropolitan Life Insurance Company
 2788 N. Meridian Blvd.
 Indianapolis, IN 46204

Metropolitan Life Insurance Company
 2788 N. Meridian Blvd.
 Indianapolis, IN 46204

ANNUAL STATEMENT
 Please check the statement with your policy.

REDACTED CONFIDENTIAL POL INFO

CONFIDENTIAL

MP4011112910

Please contact your Metropolitan office at the address above to
report a change of address or request other service.

Metropolitan Life Insurance Company
METROPOLITAN LIFE INS. CO.
500 SCHOOLHOUSE ROAD
JOHNSTOWN, PENNSYLVANIA 15915
948-225-1213

District/Branch 315 Agency 815

ANNIVERSARY STATEMENT

Please place this statement with your policy.

Name of Insured: [REDACTED]
Policy/Contract Number: 64 [REDACTED] 72 Anniversary Date: October 26, 1988

We are pleased to tell you that this year's dividend will be credited to your paid-up policy on October 26, 1988, provided your policy is in force on that date. Your current dividend of \$192.85 will be used to purchase \$308.56 of additional paid-up insurance.

Current Dividend	\$192.85
Additional Paid-Up Insurance	
Current Amount	308.56
Previous Amount	3,022.89
Additional Amount Purchased From Previous Amount	177.75
Total Additional Paid-Up Insurance	3,458.95

6108/770 04/87



500 SCHOOLHOUSE ROAD
JOHNSTOWN, PA. 15915

METROPOLITAN LIFE INSURANCE

10/27/88

DIVIDEND PAYMENT STATEMENT

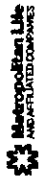
CONFIDENTIAL

NOTHING THIS DOCUMENT NOR THE INFORMATION CONTAINED HEREIN IS TO BE COPIED OR USED FOR ANY

MP4011112911

CONFIDENTIAL

REDACTED CONFIDENTIAL POL INFO



500 SCHOOLHOUSE ROAD
JONESTOWN, PA. 15915

500 SCHOOLHOUSE ROAD
JONESTOWN, PA. 15915

70025 1214

DIVIDEND PAYMENT STATEMENT

CONFIDENTIAL

NEITHER THIS DOCUMENT NOR THE INFORMATION CONTAINED HEREIN IS TO BE USED FOR ANY PURPOSE OTHER THAN METROPOLITAN BUSINESS.

DATE	POLICY NUMBER	CHECK AMOUNT
12 08 88	1914-33	\$1200.00

VALUE WITHDRAWN:
ADDITIONAL INSURANCE 1914-33 1200.00
CASH VALUE-ADDITIONAL INSURANCE 89% .99 1200.00
VALUE REMAINING:
ADDITIONAL INSURANCE
CHECK AMOUNT

WE ARE PLEASED TO ENCLOSE THE DIVIDEND PAYMENT YOU REQUESTED.

Please see policy contract regarding our best interest. Please contact your agent for more information.

Please see additional information on page 100. Please contact your agent for more information.



500 SCHOOLHOUSE ROAD
JONESTOWN, PA. 15915

Please contact your agent for more information. Please contact your agent for more information.

MP4011112912

CONFIDENTIAL

REDACTED CONFIDENTIAL POL INFO



METROPOLITAN LIFE INS. CO.
500 SCHOLCHER ROAD
JOHNSTOWN, PENNSYLVANIA 15916

District/Branch 315 Agency 815

Please contact your life insurance agent or the company's nearest office for a copy of this statement. It is not to be used for any other purpose.

ANNIVERSARY STATEMENT

Please place this statement with your policy.

Policy/Contract Number Anniversary Date
64 [REDACTED] PR October 26, 1989

Current Dividend \$196.50

Additional Paid-Up Insurance
Current Amount \$10.47
Previous Amount \$10.30
Additional Amount Purchased \$12.45
Total Additional Paid-Up Insurance \$33.22

We are pleased to tell you that your policy will receive your first dividend on the anniversary date provided your policy is in force on that date. Your dividend will be used to purchase \$10.47 of additional paid-up insurance.

October 26, 1989



Metropolitan Life Insurance Company
S. R. MATHIAS
VICE PRESIDENT
PERSONAL INSURANCE OPERATIONS

MP401112913

CONFIDENTIAL

REDACTED CONFIDENTIAL POL INFO



Metropolitan Life Insurance Company
200 N. Wacker Drive
Chicago, IL 60601-2000
PERSONAL FINANCE DEPARTMENT

POLICY NUMBER: 64-
LOAN INTEREST: 3.57
PRINCIPAL: 4,000.00
INTEREST DATE: MAR 24, 1990

Dear Policyholder

When you bought your life insurance policy from Met Life, you made an important financial decision. After assessing your financial goals, you determined the amount of insurance required to meet your needs and help achieve your goals.

As you know, the loan that you have taken on your policy has reduced this amount. By making periodic payments on the loan, however, you can reinstate the policy to its full level of protection.

The amounts indicated above include your loan principal, the accumulated interest, and the date as of which the interest has been added. This quote is valid for a period of 21 days from the interest date. If you are already repaying your loan, the amount shown should reflect all but your most recent payment.

Many of our policyholders choose to repay their loans on a monthly basis and have asked us to provide a means to help them monitor their repayment schedule. We've developed a similar schedule.

You can make periodic payments for as little as \$20 or you can choose to repay the loan early. If you choose to make a payment now, please remember to complete the repayment loan repayment coupon for that purpose. A supply is enclosed, should you wish to adopt a similar schedule.

money our payments should be made payable to Metropolitan Life (Met Life) and mailed to the processing center indicated below.

If you have any questions about your loan or insurance program, please call us toll-free at 1-800-MET-LIFE (1-800-528-5123). We are always happy to be of service to you.

Yours truly,

Salvatore R. Masucci
Metropolitan Life Insurance Company
P.O. BOX 1000
JORDISBORO, PA 15515-1400

3.7.92

ENCL: 1-800-MET-LIFE

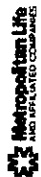


Metropolitan Life Insurance Company
200 N. Wacker Drive
Chicago, IL 60601-2000
PERSONAL FINANCE DEPARTMENT

MP401112915

CONFIDENTIAL

REDACTED CONFIDENTIAL POL INFO



Metropolitan Life Insurance Company
One Madison Avenue
New York, NY 10017
JOHNSTON, PA 15915

November 10, 1989

RE: Policy Number 64- [REDACTED] PR Insured: [REDACTED]

Dear Policyholder,

This is your confirmation that on November 7, 1989, a loan was taken on this policy in the amount of \$431.73 to be applied to your Metropolitan coverage. Please refer to the provisions of policy for [REDACTED] PR for information about loans.

If you have any questions about this transaction, please do not hesitate to contact us.

Sincerely,

J. C. Marchese

J. C. Marchese
Manager
Policyholder Services
North Central Administrative Office

01/10/90



Metropolitan Life Insurance Company
11651 VA AVE, SUITE 200
FARMERS BRANCH, TX 75440

MP4011112916

CONFIDENTIAL

REDACTED CONFIDENTIAL POL INFO

Metropolitan Life Insurance Company
500 SCHOOLHOUSE ROAD
JONESTOWN, PA 15915



May 18, 1990

RE: Policy Number 64 [REDACTED] PR Insured: [REDACTED]

Dear Policyholder,

This is your confirmation that on May 10, 1990, a loan was taken on this policy in the amount of \$11,750 to be applied to your Metropolitan Contract. Please refer to the provisions of policy 64 [REDACTED] PR for information about loans.

If you have any questions about this transaction, please do not hesitate to contact us.

Sincerely,

J. C. Marchese

J. C. Marchese
Manager
Policyholder Services
North Central Administrative Office

437146

P.O. BOX 1500
WASHINGTON, PA 15661



MP4011112917

CONFIDENTIAL

REDACTED CONFIDENTIAL POL INFO



P.O. BOX 1900
JOHNSTOWN, PA 15915

611 627
2025 110

RE: 88 [REDACTED] JL

SEMI-ANNUAL SCHEDULED PREMIUM LOAN INTEREST DUE:	\$431.73 50.00	DISTRICT/BRANCH	J15
MINIMUM DUE TO AVOID LAPSE	\$186.11	SALES AGENCY	815

DEAR POLICYHOLDER:

THE CASH VALUE OF YOUR FLEXIBLE PREMIUM LIFE POLICY IS INSUFFICIENT AT THIS TIME TO COVER THE PAYMENT THAT IS NOW DUE. UNLESS THE MINIMUM DUE TO AVOID LAPSE IS PAID BY 07/04/05, YOUR VALUABLE COVERAGE UNDER THIS POLICY WILL TERMINATE.

YOUR CHOICE OF A FLEXIBLE PREMIUM LIFE POLICY INDICATES YOUR DESIRE FOR INEXPENSIVE INSURANCE COVERAGE COMBINED WITH A TAX DEFERRED CASH ACCUMULATION FEATURE TO MEET TODAY'S EVER CHANGING ECONOMIC ENVIRONMENT. OUR CURRENT INTEREST RATE IS AMONG THE MORE COMPETITIVE FOR THIS TYPE OF POLICY. YOUR POLICY PROVIDES FLEXIBILITY OF PAYMENT SCHEDULING AND PAYMENT AMOUNT WHICH WORK TOWARD INCREASING YOUR LIVING BENEFITS.

SO PLEASE, SEND YOUR PAYMENT TODAY TO ASSURE YOUR CONTINUED INSURANCE COVERAGE AND TO CONTINUE TO BUILD YOUR CASH ACCUMULATION IN THIS POLICY. SHOULD YOU HAVE ANY QUESTIONS REGARDING YOUR POLICY PLEASE CONTACT YOUR LOCAL SALES REPRESENTATIVE.



Metropolitan Life
FLEXIBLE PREMIUM LIFE PAYMENT NOTICE
7780 JOHNSON PA15144
[REDACTED] JL
Keep This [REDACTED] 431.73

MP4011112918

CONFIDENTIAL

REDACTED CONFIDENTIAL POL INFO

Metropolitan Life
Metropolitan Insurance and Annuity Company
2794 POSSIBLE BLVD
HONOLULU, HI 96813-1146

FLEXIBLE PREMIUM LIFE PAYMENT NOTICE

Policy No. [REDACTED] 11 04 09 431.73

Next Due Date: 11 04 09 431.73

Pay To: [REDACTED]

By: [REDACTED]

Amount: 431.73

PA By Div 9 with 11-2-09

Metropolitan Life
Metropolitan Insurance and Annuity Company
2794 POSSIBLE BLVD
HONOLULU, HI 96813-1146

FLEXIBLE PREMIUM LIFE PAYMENT NOTICE

Policy No. [REDACTED] 05 04 09 431.73

Next Due Date: 05 04 09 431.73

Pay To: [REDACTED]

By: [REDACTED]

Amount: 431.73

PA By Div 9 with 11-2-09

MetLife
Metropolitan Insurance and Annuity Co.
2794 POSSIBLE BLVD
HONOLULU, HI 96813-1146

MP4011112919

CONFIDENTIAL

REDACTED CONFIDENTIAL POL INFO



Metropolitan Life Insurance Company
100 Hudson Street
New York, NY 10038

Questions?
Contact your MetLife Representative.

412-373-3116

NOTICE OF PAYMENT DUE

Amount Due \$ 431.73

Due Date MAY 4, 1991

Policy Number [REDACTED] DL

Face Amt of Insurance \$ 50,000

Payment Mode [REDACTED]

SEMI-ANNUAL

State Office Agency

715 / 415

Amount Paid Due Date

5

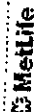
DETAILS:

PREMIUM \$431.73

AMOUNT DUE \$ 431.73

PLEASE REFER TO THE SECTION ENTITLED "FOR FLEXIBLE PREMIUM PLANS ONLY" ON THE BACK PAGE. THIS SECTION PERTAINS TO YOUR POLICY.

YOUR BILLING STATEMENT HAS BEEN REQUESTED TO PROVIDE MORE INFORMATION ON YOUR POLICY IN AN EFFORT TO ASSIST YOU IN THE EVENT OF A CLAIM. PLEASE CALL YOUR METLIFE REPRESENTATIVE AT THE PHONE NUMBER ABOVE.



MetLife Insurance Company

100 Hudson Street

New York, NY 10038

412-373-3116

Questions? Contact your MetLife Representative.

412-373-3116

MetLife Insurance Company

100 Hudson Street

New York, NY 10038

412-373-3116

Questions? Contact your MetLife Representative.

412-373-3116

MetLife Insurance Company

100 Hudson Street

New York, NY 10038

412-373-3116

Questions? Contact your MetLife Representative.

412-373-3116

MetLife Insurance Company

100 Hudson Street

New York, NY 10038

412-373-3116

Questions? Contact your MetLife Representative.

412-373-3116

FROM: JAC-CONSUMER RELATIONS/9 MS08: 93-02821833
TO: 1 MCR: 0100000000
SUBJ: [REDACTED]
SENT: 11/12/93 03:55 PM PRIORITY: 2

MP4011112920

CONFIDENTIAL

REDACTED CONFIDENTIAL POL INFO

FROM: JAO-CONSUMER RELATIONS/9 MS081 93-02821833
TO: JCSO - DIVIDENDS SENT: 11/12/93 05:55 PM PRIORITY: 2
SUBJ: [REDACTED]

ATTN: BARBARA MC KENNA

PLEASE FORWARD THE LOAN BRIEFS FOR THE DIVIDEND WITHDRAWAL IN THE AMOUNT OF \$339.31 AND THE LOAN IN THE AMOUNT OF \$92.42 ON NOVEMBER 7, 1989 ON POLICY

64 [REDACTED] PR.

LINDA H. RINGLER, FLMI, ACS
JAO CONSUMER RELATIONS
AREA 038

100-10011112920
100-10011112920
100-10011112920

MP401112921

CONFIDENTIAL

REDACTED CONFIDENTIAL POL INFO

Insurance Underwriting Office
600 South Street, Suite 1000, Jacksonville, FL 32202-1000

11/15/93

Machine

Re Policy # [REDACTED] UL

Dear [REDACTED]

This is in response to your letter of November 1, 1993.

Thank you for bringing this to our attention. We are concerned about the situation described in your letter and arrangements are underway to have a complete investigation made. Your patience will be appreciated.

Please be assured that we will supplement this letter as soon as we have completed our investigation.

Sincerely

Linda M. Ringler, FLM, ACS
Office of Consumer Relations
November 15, 1993

LMR:jmk

Metropolitan Life Insurance Company

Insurance Underwriting Office
600 South Street, Suite 1000, Jacksonville, FL 32202-1000

MP4011112922

CONFIDENTIAL

REDACTED CONFIDENTIAL POL INFO

Metropolitan Life Insurance Co.
100 South Main Street
Newark, NJ 07102-1000

9-22-93 11:15

Metropolitan Life Insurance Co.
Newark, NJ Branch Manager
Jill Monteville Branch

November 16, 1993

RE Policyholder
Policy Number(s) 98 1112 1649 9
Name of Insured [REDACTED] UL
Type of Complaint [REDACTED]
Representative/Status Kenneth Kaczmarek/Active

THE ATTACHED CORRESPONDENCE, EXHIBITS, REPRESENTATIONS AND
SHOULD RECEIVE YOUR IMMEDIATE ATTENTION. We would like to please
look into the circumstances surrounding the writing and
placing of the policy in question.

A prompt detailed report from the sales representative and
anyone else involved in the canvass and sale of this policy is
essential. Have each one submit a detailed report over their
shoulders. The report should be typed and include answers to the questions
on the attached questionnaire. (2) Only sales representatives
used in the sales presentation, policy delivery interview,
and/or policy review, etc. and; (3) any additional pertinent
information, not specifically requested.

If the sales representative is no longer active (retired,
disabled, terminated), every effort should be made to obtain a
report. If you are unsuccessful in obtaining this
report, please let us know what attempt was made to contact
the representative.

Finally, in addition to the sales representative's report, we
would appreciate (1) a copy of the sales representative's
this case, including the results of any interview with the
insured, and (2) your recommendation as to how the matter
should be resolved.

NOTE: The reports must be sent to MCOA-Consumer Relations
(JCH/MLM) on or before: November 30, 1993.

Linda M. Kingler, FLMI, ACS
Office of Consumer Relations
Johnston Administrative Office

LMS:dc

Attachment

Metropolitan Life Insurance Company

MP4011112923

CONFIDENTIAL

REDACTED CONFIDENTIAL POL INFO

DISSEMINATION/REPLACEMENT QUESTIONNAIRE

IN REPLYING REFER TO FILE NUMBER 3-1112-1649-9

1. DESCRIBE IN DETAIL THE CANVASS, THE BASIS OF THE SALE, AND THE PLACING OF NEW INSURANCE.
2. WHAT WAS YOUR IMPRESSION OF THE INSURED'S UNDERSTANDING OF THE PURPOSE OF THIS INSURANCE?
3. WAS THERE ANY DISCUSSION DURING THE SELLING OR REPLACEMENT INTERVIEW REGARDING THE REPLACEMENT OF ANY EXISTING INSURANCE? (GIVE FULL DETAILS)
4. IF REPLACEMENT WAS INTERRED, WHY WASN'T IT INDICATED ON THE APPLICATION?
5. WAS THERE ANY DISCUSSION REGARDING THE PAYMENT OF PREMIUMS ON NEW OR EXISTING INSURANCE BY MEANS OF POLICY LOANS? (EXPLAIN IN DETAIL)
6. DESCRIBE WHAT EFFORTS WERE MADE TO CONSERVE OR MAKE CHANGES IN THE EXISTING INSURANCE TO OBTAIN THE RESULTS DESIRED BY THE INSURED.
7. WAS AN ILLUSTRATION SHOWN? THE YEAR BY YEAR CASH SURRENDER VALUE OF THE POLICY PROVIDED AND DISCUSSED? IF SO, SEND US A COPY IF AVAILABLE.
8. WAS ANY REQUEST FOR EXERCISE OF THE 10-DAY FREE LOOK PROVISION MADE?
9. IS THERE ANY INDICATION OF INFLUENCE BY AN OUTSIDE PARTY?
10. PLEASE RESPOND TO THE INSURED'S STATEMENT THAT HE WOULD NEVER HAVE TO MAKE CASH PAYMENTS OUT OF HIS POCKET.

DC

FROM: JAO-CONSUMER RELATIONS/9
TO: JAO-CONSUMER RELATIONS/9
SUBJ: [REDACTED]
MSG# 1554156 SENT: 11/17/93 02:16 PM PRIORITY 2

MP4011112924

CONFIDENTIAL


REDACTED CONFIDENTIAL POL INFO

FROM: JAO-CONSUMER RELATIONS/9 MSG#: 93-02883374
TO : UCSC DIVIDENDS SENT: 11/19/93 02:16 PM PRIORITY: 2
SUBJ: [REDACTED] 0225 1217

ATTN: BARBARA MC KENNA

PLEASE FORWARD THE DIVIDEND POL BRIEFS FOR THE DIVIDEND WITHDRAWALS OF
5-12-87 AND 11-11-88 IN THE AMOUNTS OF \$431.75 EACH ON POLICY
6- [REDACTED] PR.

LINDA H. RINGLER, FLHI, ACS
JAO CONSUMER RELATIONS
AREA 008

Request for Policy or Contract Data		 McGrath-Bell Life Insurance Company 100 W. Main Street, Suite 100 Portland, ME 04101-1000	
Policy Contract Number	1005 1005	Class	1005
Issued	1005	Revised	1005
[REDACTED]		[REDACTED]	

MP401112926

CONFIDENTIAL

REDACTED CONFIDENTIAL POL INFO

1700 Riverside Boulevard, Suite 200, New York, NY 10028

Phone: (212) 222-2200

Facsimile: (212) 222-2200

Internet: www.meridian.com

Michael E. Barker, CFP®

Branch Manager

20 Years of Service

Member of the National Financial Planning Association

Member of the Financial Planning Association



93 10/20/99 10:57

Mr. Linda M. Ringler, FNU, ACS
Office of Consumer Relations
JAC

Re: [REDACTED] - Policy No. 88 [REDACTED] UL-Case No. 1112 1649 9

Dear Linda:

Attached is Account Representative Ken Kosman's response to the questions regarding this complaint. As he indicated, there is a scheduled appointment on 12-10-99, to discuss this case.

We believe that this client was "coached" to submit this complaint. We would appreciate keeping this file open until after the 12-10-99 interview.

We'll advise AEP, after then, as to my recommendation of disposition in this matter.

Yours truly,

Mike

Michael P. Barker, CFP®, CFP
Branch Manager

November 22, 1999

MPB/kmr

This letter contains confidential information and is intended only for the individual named. If you are not the named individual, please do not disseminate this information.



Meridian Life Insurance Company
2200 Riverside Boulevard, New York, NY 10028
Tel: (212) 222-2200